



TRANSMITTAL FORM

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Technology Center 2609

NOV 02 2004

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Application No.	09/940,279
Filing Date	August 27, 2001
First Named Inventor	Nicholas S. Waylett, et al.
Examiner Name	Smith, Chreighton H.
Group Art Unit	2645
Total Number of Pages in This Submission	9
Attorney Docket No.	A-70598/MSS (467282-134)

ENCLOSURES (check all that apply)

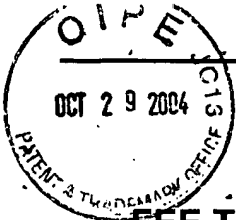
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> (*) copy of Assignment Paper (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> copy Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	Check No. <u>6869</u> in the amount of \$ <u>55.00</u> for a 1-month Extension of Time for Small Entity and a Self-addressed stamped Postcard.
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, No. of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Maria S. Swiatek, Esq. DORSEY & WHITNEY LLP 4 Embarcadero Center, Suite 3400 San Francisco, CA 94111 Telephone : 650 494 8700	Customer Number 32940
Signature		
Date	October 25, 2004	

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with Sufficient postage as first class mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date:			
Typed or printed name	Kari Bateman		
Signature		Date	October 25, 2004



**APPLICATION
FEE TRANSMITTAL SHEET
(FY 2004)**

Complete if Known

Application No.	09/940,279
Filing Date	August 27, 2001
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Group Art Unit	2645
Examiner Name	Smith, C.H.
Atty. Docket Number	A-70598/MSS (467282-134)

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Technology Center 2600

METHOD OF PAYMENT (Check One)			FEE CALCULATION (Continued)			
1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to: Deposit Account No.: <u>50-2319</u> Deposit Account Name: <u>DORSEY & WHITNEY LLP</u> <input type="checkbox"/> Charge any additional fee required under 37 C.F.R. 1.16 and 1.17 <input checked="" type="checkbox"/> Applicant claims small entity status (see 37 C.F.R. 1.27)			3. ADDITIONAL FEES			
2. <input checked="" type="checkbox"/> Check Enclosed			Large Entity Fee	Small Entity Fee	Fee Description	Fee paid
FEE CALCULATION						
1. BASIC FILING FEE						
Large Entity Fee	Small Entity Fee	Fee Description				
160	80	<input type="checkbox"/> Provisional Filing Fee				
770	385	<input type="checkbox"/> Utility Filing Fee				
340	170	<input type="checkbox"/> Design Filing Fee				
770	385	<input type="checkbox"/> Reissue Filing Fee				
Subtotal (1)						
2. EXTRA* CLAIM FEES						
Number Claims	Prior	Extra	Fee from Below*	Fee Paid		
Total	- 20	=	x	=		
Indep.	- 3	=	x	=		
Multiple Dependent Claims =			x	=		
Subtotal (2)						
*Calculation of Extra Claim Fees						
Large Entity Fee	Small Entity Fee	Fee Description				
18	9	Claims in excess of 20				
86	43	Independent claims in excess of 3				
290	145	Multiple dependent Claim				
84	42	Reissue independent claims over original patent				
18	9	Reissue claims in excess of 20 and over original patent				
			110	55	Extension for reply within first month	55.00
			420	210	Extension for reply within second month	
			950	475	Extension for reply within third month	
			1,480	740	Extension for reply within fourth month	
			2010	1005	Extension for reply within fifth month	
			770	385	Submission After Final 1.129	
			330	165	Notice of Appeal	
			330	165	Filing a brief in support of an appeal	
			290	145	Request for oral hearing	
			110	55	Terminal Disclaimer Fee	
			130	130	Petitions to the Commissioner	
			50	50	Petitions related to provisional applications	
			1,330	665	Utility/Reissue Issue Fee (including advance copies)	
			480	240	Design Issue Fee (inc. advance copies)	
			770	385	Request for Continued Examination (RCE)	
			300	300	Publication fee for early, voluntary, or normal publication	
			300	300	Publication fee for re-publication	
			110	55	Petition to Revive – unavoidable	
			1,330	665	Petition to Revive – unintentional	
			OTHER FEE (specify):			
			Subtotal (3)			
			55.00			
			Total Amount of Payment:			
			55.00			

Submitted by:

Name: Maria S. Swiatek	Reg. No.: 37,244	Telephone: 650-494-8700
DORSEY & WHITNEY LLP	Four Embarcadero Center, Suite 3400 San Francisco, California 94111-4187	Customer Number 32940
Signature: <i>Maria S. Swiatek</i>	Date: October 25, 2004	